

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

3289786 COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDSCOMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

			MEDICAL EXAMINER'S CERTIFICATE				DATE RECORD FILED MARCH 25, 2021		STATE FILE NUMBER 21-020145								
1. FULL NAME OF DECEDENT CYNTHIA			(first) (middle) (last) GARY														
2. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT DETERMINED		3. DATE OF DEATH MARCH 15, 2021		4. DATE OF BIRTH <input type="checkbox"/> ACTUAL <input type="checkbox"/> PRESUMED <input type="checkbox"/> APPROXIMATE <input type="checkbox"/> FOUND		5. AGE 52 Years		6. IF UNDER 1 YEAR Months Days		7. IF UNDER 1 DAY Hours Minutes							
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		9. BIRTHPLACE (U.S. STATE OR FOREIGN COUNTRY) NEW YORK				10. SOCIAL SECURITY NUMBER [REDACTED]		11. IF NO SSN, CHECK APPROPRIATE BOX <input type="checkbox"/> NONE <input type="checkbox"/> NOT OBTAINABLE <input type="checkbox"/> UNKNOWN									
12. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) 13 LEWIS DRIVE						13. CITY OR TOWN OF RESIDENCE NEWPORT NEWS				14. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE VIRGINIA		15. INSIDE CITY OR TOWN LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank)						17. RACE OF DECEDENT (CHECK ONE OR MORE) <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> KOREAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE (SPECIFY) <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMIANIAN OR CHAMORRO <input type="checkbox"/> JAPANESE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> PUERTO RICAN				18. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE NORFOLK NAVAL SHIPYARD		19. EDUCATION (HIGHEST GRADE COMPLETED) <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> ELEMENTARY/SECONDARY (0-12) <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> YEARS OF COLLEGE 2 <input type="checkbox"/> DOCTORATE/PROFESSIONAL DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE/PROFESSIONAL DEGREE <input type="checkbox"/> UNKNOWN					
20. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN						21. FULL NAME OF DECEDENT'S FATHER OR PARENT (if first, middle, last, suffix (maiden name if any)) PEDRO MERCADO-MORALEZ				22. GENDER MALE		23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION SPOUSE		24. FULL NAME OF INFORMANT OR NAME OF SOURCE GREGORY L. GARY SR.			
25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) SENTARA NORFOLK GENERAL HOSPITAL						26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> NURSING HOME <input type="checkbox"/> LONG TERM CARE FACILITY <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> OTHER (SPECIFY)				27. CITY OR TOWN OF DEATH NORFOLK		28. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 600 GRESHAM DRIVE		29. ZIP CODE 23507		30. COUNTY OF DEATH (if independent city, leave blank)	
31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORIUM 7415 RIVER ROAD						31a. CITY/COUNTY NEWPORT NEWS		31b. STATE VIRGINIA		31c. ZIP CODE 23607		31d. COUNTRY					
32. SIGNATURE OF FUNERAL DIRECTOR/LICENSEE, VSAP OR NEXT OF KIN (ACTUAL SIGNATURE) /S/ TESHIA ANN BROWN						32a. LICENSEE'S NO. 0502901643		32b. NAME OF FUNERAL HOME OR FACILITY C. C. CARTER FUNERAL HOME									
33. NAME OF FUNERAL DIRECTOR/LICENSEE, VSAP OR NEXT OF KIN TESHIA ANN BROWN						33a. STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAP OR NEXT OF KIN (include street address, city, state and zip code) 3314 ROANOKE AVENUE NEWPORT NEWS VIRGINIA 23607											
34. TIME OF DEATH: To the best of my knowledge, death occurred at 08:44 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> ACTUAL <input type="checkbox"/> APPROXIMATE <input type="checkbox"/> PRESUMED <input type="checkbox"/> FOUND																	
35. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.																	
IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) (A) TRAUMATIC ASPHYXIA.																	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST																	
DUE TO (OR AS A CONSEQUENCE OF)																	
(B)																	
DUE TO (OR AS A CONSEQUENCE OF)																	
(C)																	
DUE TO (OR AS A CONSEQUENCE OF)																	
(D)																	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.																	
36. WAS THE MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO			36a. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO		36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO			37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POSSIBLY <input type="checkbox"/> UNKNOWN									
38. IF FEMALE: <input type="checkbox"/> PREGNANT AT TIME OF DEATH <input type="checkbox"/> NOT PREGNANT WITHIN PAST YEAR			<input type="checkbox"/> UNKNOWN IF PREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 48 DAYS TO 1 YEAR BEFORE DEATH			<input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT APPLICABLE (if decedent's age is 0-5 or 75 years)											
39. IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH? <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTRIBUTING			40. MANNER OF DEATH NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING														
41. DATE OF INJURY MARCH 15, 2021		42. TIME OF INJURY UNKNOWN <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		43. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		44. PLACE OF INJURY (home, farm, factory, street, office, bldg, etc.) MILITARY VESSEL AT SHIPYARD											
45. LOCATION OF INJURY-STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) 200 LIGON STREET			45a. CITY/COUNTY NORFOLK			45b. STATE VIRGINIA			45c. ZIP CODE		45d. COUNTRY						
46. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (SPECIFY)																	
47. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED PINNED BY HYDRAULIC DOOR.																	
48. SIGNATURE OF MEDICAL EXAMINER /S/ NICOLE MARIE MASIAN				48a. NAME OF MEDICAL EXAMINER NICOLE MARIE MASIAN						48b. DATE SIGNED MARCH 16, 2021							
49. OFFICE STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) 830 SOUTHAMPTON AVENUE SUITE 100				49a. CITY NORFOLK			49b. STATE VIRGINIA			49c. ZIP CODE 23510							

This is to certify that **MARCH 25, 2021** correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED



Janet M. Rainey
Janet M. Rainey, State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272, Code of Virginia, as amended.

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